

**PROCEEDING BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF WEST VIRGINIA**

IN RE: GATEWAY INSURANCE COMPANY

ADMINISTRATIVE PROCEEDING

18-MC-THP-02001

**AGREED ORDER ADOPTING REPORT OF
MARKET CONDUCT COMPLIANCE EXAMINATION, DIRECTING
CORRECTIVE ACTION AND ASSESSING PENALTY**

NOW COMES, the Insurance Commissioner of the State of West Virginia, and issues this Order which adopts the Report of Market Conduct Compliance Examination for the targeted examination of Gateway Insurance Company (hereinafter referred to as "Gateway") for the examination period ending September 30, 2018, based upon the following findings, to wit:

PARTIES AND PURPOSE OF EXAMINATION

1. The Insurance Commissioner of the State of West Virginia (hereinafter the "Insurance Commissioner") is charged with the duty of administering and enforcing, among other duties, the provisions of Chapter 33 of the West Virginia Code of 1931, as amended.

2. Gateway is a foreign insurer, licensed to do business in West Virginia, and incorporated in Missouri.

3. This Targeted Market Conduct Examination was instituted as a result of the Final Order entered in Administrative Proceeding 17-AP-THP-02128. The Administrative Order concluded that Gateway committed a violation of W. Va. Code R. §114-14-5.3, which constitutes a violation of W. Va. Code §33-11-4(9)(b) and W. Va. Code R. §114-14-6.7, which constitutes a violation of W. Va. Code §33-11-4(9)(c).

4. The primary purpose of this targeted examination was to determine Gateway's compliance with West Virginia Insurance laws relating to treatment of third-party claimants and

to determine if any of the violations cited in Administrative Proceeding 17-AP-THP-02128 occurred with such frequency to constitute a general business practice. Examination information contained in the Market Conduct Report should serve only these purposes. The conclusions and findings of the Market Conduct Examination are public record.

FINDINGS OF FACT

1. The Targeted Market Conduct Examination reviewed the company's claims practices. The examination was conducted in accordance with West Virginia Code Section 33-2-9(c) by examiners duly appointed by the West Virginia Offices of the Insurance Commissioner.

2. A total of eight (8) standards were reviewed during this targeted examination. The Company was compliant or predominately compliant in six (6), and non-compliant in two (2) standards.

3. The Targeted Market Conduct Examination revealed only one instance of non-compliance with W.Va. Code R §114-14-5.3 cited in Administrative Proceeding 17-AP-THP-02128. Gateway was predominately compliant with this standard.

4. The exam also revealed seven (7) instances of non-compliance with W.Va. Code R. §114-14-6.7 which was also a violation cited in Administrative Proceeding 17-AP-THP-02128. It was determined that this violation occurred with such frequency to constitute a general business practice.

5. In addition, the exam found the following instance where Gateway was found to be predominately compliant with state statute or rules which were not included in Administrative Proceeding 17-AP-THP-02128: One (1) claim violated W.Va. Code R. §114-14-6.3. Gateway was also found to be non-compliant with the following rule which was not included in Administrative Proceeding 17-AP-THP-02128: Four (4) claims violated W. Va. Code R. §114-14-6.17.

6. Examiner filed with the Insurance Commissioner, pursuant to W Va. Code §33-2-9(j)(2), a Report of Market Conduct Examination.

7. A true copy of the Report of Market Conduct Examination was sent to Gateway. Gateway was notified that, pursuant to W.Va. Code §33-2-9(j)(2), it had thirty (30) days after receipt of the Report of Market Conduct Compliance Examination to file a submission or objection with the Insurance Commissioner. Gateway has no objections and agrees to the entry of this Order.

8. Gateway waives notice of administrative hearing, any and all rights to an administrative hearing, and to judicial review of this matter.

9. Any Finding of Fact that is more properly a Conclusion of Law is hereby adopted as such and incorporated in the next section.

CONCLUSIONS OF LAW

1. The Insurance Commissioner has jurisdiction over the subject matter and the parties to this proceeding.

2. This proceeding is pursuant to and in accordance with W.Va. Code §§33-2-9, and 33-11-4a.

3. The Insurance Commissioner is charged with the responsibility of verifying continued compliance with West Virginia Code and the West Virginia Code of State Rules by Gateway as well as all other provisions of regulation that Gateway is subjected to by virtue of its Certificate of Authority to operate in the State of West Virginia.

4. The violations found in the Report of Market Conduct Examination were not the result of any intentional or egregious conduct by Gateway.

5. Gateway has incurred violations of W. Va. Code R. §114-14-6.7, as evidenced in the Report of Market Conduct Compliance Examination, pertaining to the failure to properly issue notice of necessary delay letters. The frequency of these violations was sufficient to be identified

as a non-compliant claims handling practice. The failure of Gateway to meet the compliance standard correlating with W.Va. Code R. §114-14-6.7 is related to the findings contained in Administrative Proceeding 17-AP-THP-02128. Accordingly, the Insurance Commissioner finds that Gateway has violated W.Va. Code R. §114-14-6.7 with such frequency as to constitute a general business practice as required by W.Va. Code §33-11-4a(e) and (f). A violation of W.Va. Code R. §114-14-6.7 also constitutes a violation of the Unfair Trade Practices Act, specifically W.Va. Code §33-11-4(9)(c).

6. W. Va. Code R. § 114-14-5.3 (which constitutes a violation of W.Va. Code §33-11-4(9)(b)) is another section that was violated in administrative proceeding 17-AP-THP-02128. However, the targeted market conduct examination determined that this violation did not occur with such frequency to constitute a general business practice.

7. Gateway has also incurred violations of W.Va. Code R. §114-14-6.17 as identified in the targeted market conduct examination. The failure of Gateway to comply with this rule is not correlated to the findings in Administrative Proceeding 17-AP-THP-02128. Accordingly, the Insurance Commissioner is not required to find whether or not Gateway violated this rule with such frequency as to constitute a general business practice. However, the failures were below the error ratio resulting in non-compliance with this standard.

8. Any Conclusion of Law that is more properly a Finding of Fact is hereby incorporated as such.

ORDER

Pursuant to W.Va. Code §33-2-9(j), following the review of the Report of Market Conduct Compliance Examination, the examination work papers, and Gateway's response thereto, if any, the Insurance Commissioner and Gateway have agreed to enter into this Agreed Order adopting the Report of Market Conduct Compliance Examination. The Parties have further agreed to the

imposition of an administrative penalty against Gateway as set forth below.

It is accordingly AGREED and ORDERED as follows:

(A) The Report of Market Conduct Compliance Examination of Gateway Insurance Company for the period ending September 30, 2018, is hereby ADOPTED and APPROVED by the Insurance Commissioner;

(B) It is AGREED and ORDERED that Gateway will comply with the statutes, rules and regulations of the State of West Virginia concerning any claims so handled in this State and more specifically the provisions enumerated herein.

(C) It is further AGREED and ORDERED that within thirty (30) days of the next regularly scheduled meeting of its Board of Directors, Gateway shall file with the West Virginia Insurance Commissioner, in accordance with W.Va. Code §33-2-9(j), affidavits executed by each of its directors stating under oath that they have received a copy of the adopted Report of Market Conduct Compliance Examination and a copy of this ORDER ADOPTING REPORT OF MARKET CONDUCT COMPLIANCE EXAMINATION, DIRECTING CORRECTIVE ACTION AND ASSESSING PENALTY;

(D) It is further AGREED and ORDERED that Gateway shall ensure compliance with the West Virginia Code and the Code of State Rules. Gateway shall continue to monitor its compliance with W.Va. Code § 33-11-4(9)(c), W. Va. Code R. §§114-14-6.7 and 114-14-6.17.

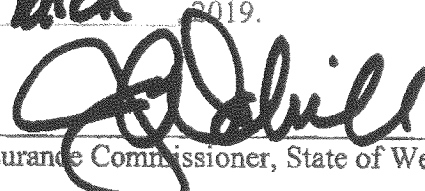
(E) It is further AGREED and ORDERED that Gateway SHALL FILE a Corrective Action Plan which will be subject to the approval of the Insurance Commissioner. The Corrective Action Plan shall detail Gateway's changes to its procedures and/or internal policies to ensure compliance with the West Virginia Code and incorporate all recommendations of the Insurance Commissioner's examiners and address all violations specifically cited in the Report of Market Conduct Compliance Examination. The Corrective Action Plan outlined in this Order must be

submitted to the Insurance Commissioner for approval within thirty (30) days of the entry date of this Agreed Order. Gateway shall implement reasonable changes to the Corrective Action Plan if requested by the Insurance Commissioner within thirty (30) days of the Insurance Commissioner's receipt of the Corrective Action Plan. The Insurance Commissioner shall provide notice to Gateway if the Corrective Action Plan is disapproved and the reasons for such disapproval within thirty (30) days of the Insurance Commissioner's receipt of the Corrective Action Plan.

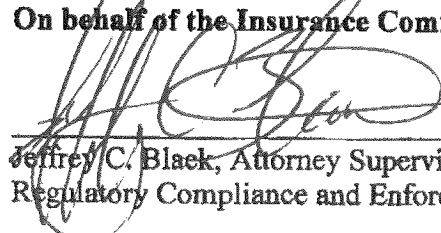
(F) It is AGREED and ORDERED that Gateway shall pay an administrative penalty to the State of West Virginia in the amount of Five Thousand Dollars (\$5000.00) for non-compliance with the West Virginia Code and West Virginia Code of State Rules as described herein. The payment of this administrative penalty is in lieu of any other regulatory penalty or remedy and is due within thirty (30) days of the entry of this order.

(G) It is AGREED and ORDERED that all such statutory notices, administrative hearings and appellate rights are herein waived by Gateway concerning this Report of Market Conduct Compliance Examination and Agreed Order.

Entered this 20th day of March, 2019.


Insurance Commissioner, State of West Virginia

REVIEWED AND AGREED TO BY:
On behalf of the Insurance Commissioner:


Jeffrey C. Black, Attorney Supervisor
Regulatory Compliance and Enforcement

On behalf of Gateway Insurance Company:

By: JOSEPH R. SAUGRUE
Print Name

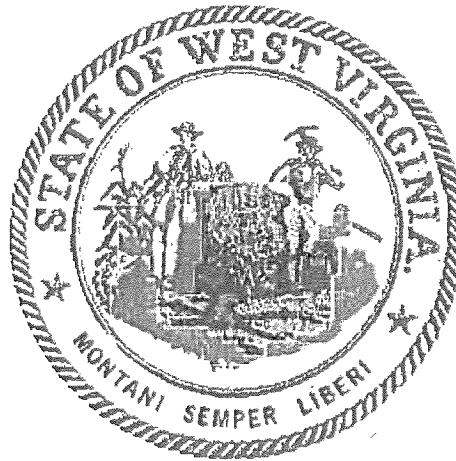
Its: VICE PRESIDENT CLAIMS

Signature: 

Date: 2/28/2019

Report of Market Conduct Compliance Examination

As of September 30, 2018



**Gateway Insurance Company
953 American Lane, 3rd Floor
Schaumburg, IL 60173**

**NAIC COMPANY CODE: 28339
Examination Number: 18-MC-THP- 02001**

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January 30, 2019

The Honorable Erin Hunter
Acting West Virginia Insurance Commissioner
900 Pennsylvania Avenue
Charleston, West Virginia 25305

Dear Acting Commissioner Hunter:

Pursuant to your instructions and in accordance with West Virginia Code § 33-2-9, a Market Conduct examination has been made for the period of 01/01/2016 through 9/30/2018 on

Gateway Insurance Company
953 American Lane, 3rd Floor
Schaumburg, IL 60173

hereinafter referred to as the "Company". The following report of the findings of this examination is herewith respectfully submitted.

FOREWORD

This is a report by test of company compliance with selected Standards contained in the National Association of Insurance Commissioners' (NAIC) *2017 Market Regulation Handbook* ("Handbook") and Standards approved by the West Virginia Offices of the Insurance Commissioner ("WVOIC") which are based on applicable West Virginia statutes and administrative rules, as referenced herein. Testing is based on guidelines contained in the Handbook. All tests applied are included in this report.

Company" as used herein refers to Gateway Insurance Company.
"WVOIC" as used herein refers to the West Virginia Offices of the Insurance Commissioner. "W.Va. Code R." as used herein refers to the West Virginia Code of State Rules. "W.Va. Code" as used herein refers to the West Virginia Code Annotated.

EXECUTIVE SUMMARY

The examination fieldwork began November 16, 2018 and concluded on January 14, 2019. The examination was called as a result of the Final Order entered in Administrative Proceeding No. 17-THP-02128/17-AP-THP-02128. The Administrative Order concluded that the Company was non-compliant with the following sections of the Unfair Claims Settlement Act by violating W.Va. Code § 33-11-4(9)(b) (failing to acknowledge and to act reasonably promptly to a complainant's letter) and W. Va. Code R. § 114-14-5.3 (failing to respond to a complainant's letter within fifteen (15) working days), and that the Company did not provide, in writing, a forty-five day delay letter and that the procedures of the Company did not require the sending of those letters in its investigation procedures, violating W.Va. Code § 33-11-4(9)(c) and W. Va. Code R. § 114-14-6.7

W. Va. Code § 33-11-4a(e) & (f) imply that, upon any finding that a company committed an unfair claims settlement practice with respect to a third-party claimant, the Commissioner determines whether the practice occurred with such frequency as to be construed as a general business practice of the Company. In this case, the Commissioner determined that the most efficient way to make this determination was through a targeted Market Conduct Examination. The examination primarily focused on third-party claims handling with attention to the Company's issuance of notices of necessary delays (Standard G2), the Company's timely response to communications (Standard G4). Other standards from the Claims Section of the Market Regulation Handbook were also included within this examination report.

A total of 8 (eight) standards were reviewed during this examination. Of these eight (8) standards, the Company was compliant in four (4), predominantly compliant in two (2), and non-compliant in two (2) standards.

The following are areas of concern:

The targeted market examination revealed the following violation of the W. Va. Code or Regulations cited in Administrative Proceeding 17-THP-02128/17-AP-THP-02128:

G2 – The Company did not send notices of necessary delays on seven (7) claims as required by W. Va. Code R. § 114-14-6.7. Non-compliant. The practice occurred with such frequency as to be construed as a general business practice of the Company.

G4 -The Company failed in one (1) claim to reply to a communication within fifteen (15) working days to pertinent communications from a claimant which reasonably suggests that a response is needed as required by W. Va. Code § 33-11-4(9)(b) and W. Va. Code R. § 114-14-5.3 Predominantly compliant. The practice did not occur with such frequency as to be construed as a general business practice of the Company.

Other violations found not cited in Administrative Proceeding 17-THP-02128/17-AP-THP-02128:

G3- One (1) denied claim the Company did not send a denial within ten (10) working days of completing its investigation as required by W. Va. Code R. § 114-14-6.3. Predominantly compliant.

G9 – On four (4) claims that required a denial letter, the Company failed to give claimants the option of contacting the Commissioner's Office, and did not provide claimants with its mailing address, telephone number, and web site address as required by W. Va. Code R. § 114-14-6.17. Non-compliant.

The Company is directed to take immediate corrective action on all other violations to demonstrate its ability and intention to conduct business according to the West Virginia Insurance laws and regulations.

PURPOSE AND SCOPE OF THE EXAMINATION

Market Conduct Examiners with the West Virginia Offices of the Insurance Commissioner (WVOIC) reviewed certain business practices of Gateway Insurance Company, W. Va. Code §33-2-9 empowers the Commissioner to examine any entity engaged in the business of insurance. The findings in this report, including all work products developed in producing it, are the sole property of the WVOIC.

The basic business area that was reviewed and tested under this examination was:

- Claims Practices

HISTORY AND PROFILE

Atlas Financial Holdings, Inc. (Gateway Insurance Company) is a financial service holding company whose subsidiaries specialize in the underwriting of commercial automobile insurance policies, focusing on the "light" commercial automobile sector. This sector includes taxi cabs, non-emergency para-transit, limousine, livery and business auto. With roots dating back to 1925 selling insurance for taxi cabs, we are one of the oldest insurers of taxi and livery businesses in the United States. This experience serves as the foundation of our hyper-focused specialty insurance business that embraces continuous improvement, analytics and technology. The expanding segment of commercially licensed drivers operating through transportation network companies ("TNC") are included in the livery product.

METHODOLOGY

The examination was conducted in accordance with the standards and procedures established by the National Association of Insurance Commissioners ("NAIC") and West Virginia's applicable statutes and regulations.

The examiners used the NAIC standards of 7% error ratio on claims tests (93% compliance rate) to determine whether an apparent pattern or practice of being compliant, predominantly compliant, or non-compliant existed for any given test. A random sample was not taken due to the small size of the population. All claims were reviewed. The claims population included only third-party claims. The paid population was 41. The closed-without-payment population was 28. Twenty-six were not applicable due to being duplicates (same claim but different coverages, or no demand was made). Therefore, the examiners reviewed a total of 43 claims.

Tests designed to measure the level of compliance with West Virginia statutes, rules and regulations were applied to the files. Each area of the examination has specific elements that were tested, and they are listed below. The labeling convention for each business area and coinciding standard below was taken directly from the Market Regulation Handbook. The only standard reviewed for this exam was the "G" Claims area. The examiners may not have discovered every unacceptable or non-compliant activity in which the Company is engaged. The failure to identify, comment on, or criticize specific practices does not constitute an acceptance of the practices by the West Virginia Offices of the Insurance Commissioner or its' designee. A compliance table follows containing results of each area of review with the compliance percentage for the Company and final examination results.

STANDARDS & REVIEW ELEMENTS

G1. CLAIMS: Initial contact by the Company with the claimant is within the required timeframe. (NAIC Market Regulation Handbook Chapter 16, § G Standard 1)

- Was the claimant contacted within 15 working days (or mandated emergency order timeframe) from the date of the loss notice required by W.Va. Code § 33-11-4(9)(b) and W. Va. Code R. § 114-14-5.1

G2. CLAIMS: Timely investigations are made. (NAIC Market Regulation Handbook Chapter 16, § G Standard 2)

- Did the investigation commence within fifteen (15) working days of any claim filed as required by W. Va. Code § 33-11-4(9)(c) and W. Va. R. § 114-14-6.2?
a.
- Did the Company promptly conduct and diligently pursue a thorough, fair and objective investigation and not unreasonably delay resolution by persisting in seeking information not reasonably required for or material to the resolution of the claim dispute as required by W. Va. Code R. § 114-14-6.1
- Is the investigation continuing more than 30 calendar days? If so, was a notice of necessary delay sent within 15 working days after the 30 calendar days AND if the investigation continued, were subsequent notices of necessary delay sent with 45 calendar days as required by W. Va. Code R. § 114-14-6.7

G3. CLAIMS: Claims are resolved in a timely manner. (NAIC Market Regulation Handbook Chapter 16, § G Standard 3)

- Did the Company affirm or deny coverage of claims within a reasonable time after proof of loss statements have been completed as required by W. Va. Code § 33-11-4(9)(e)

- Did the Company deny the claim or make a written offer within ten (10) working days of completing its investigation as required by W. Va. Code R. § 114-14-6.3?
- Did the Company pay any amount agreed upon within (15) working days as required by W. Va. Code R. § 114-14-6.11?

G4. CLAIMS: The regulated entity responds to claim correspondence in a timely manner. (NAIC Market Regulation Handbook Chapter 16, § G Standard 4)

- Did the Company reply within fifteen (15) working days to pertinent communications from a claimant which reasonably suggests that a response is needed as required by W. Va. Code § 33-11-4(9)(b) and W. Va. Code R. § 114-14-5.3

G5. CLAIMS: Claim files are adequately documented. (NAIC Market Regulation Handbook Chapter 16, § G Standards 5)

- Do the files contain all notes and work papers pertaining to the claim in such detail that pertinent events and the dates of such events can be reconstructed as required by W. Va. Code R. §§ 114-14-3, 114-15-4.2a & 114-15-4.4
- Are the communications properly dated?

G6. CLAIMS: Claims are properly handled according with policy provisions and applicable statutes, rules and regulations. (NAIC Market Regulation Handbook Chapter 16, § G Standards 6)

- Did the Company attempt in good faith to effectuate prompt, fair and equitable settlements of claims in which liability has become reasonably clear as required by W. Va. Code § 33-11-4(9)(f) and 114-14-6.4 & 6.10
- Was coverage checked for proper application of deductible or appropriate exclusionary language as required by W. Va. Code § 33-11-4(9)(a)
- Is the claimant who is neither an attorney or represented by an attorney given written notice of that statute of limitation as required by W. Va. Code R. § 114-14-6.12
- Does the Company ensure where liability and damages are reasonably clear, that no person recommends that third-party claimants make claim under their own policies solely to avoid paying claims under an insurer's insurance policy or insurance contract as required by W. Va. Code § 33-11-4(9)(m)? and W. Va. Code R. § 114-14-6.13
- Does the Company ensure they do not require a claimant to travel unreasonably as required by W. Va. Code R. § 114-14-6.14?
- Does the Company ensure that claim proceeds are used to pay premiums under another policy unless the insured consents as required by W. Va. Code § 114-14-6.16?

- Does the Company ensure if it furnish to the claimant the names of one or more conveniently located motor vehicle repair shop that will perform the repairs that it doesn't require the claimant to use a particular repair shop or location to obtain the repairs as required by W. Va. Code R. §114-14-6.18?
- Did the Company adopt and communicate to all its claims agents written standards for prompt investigation and processing of claims in accordance with W. Va. Code R. § 114-14-8 (effective 4/24/2006)

G9. DENIED/CWOP CLAIMS: Claims are handled in accordance with policy provisions and state law. (NAIC Market Regulation Handbook Chapter 16, § G Standard 9)

- Did the Company attempt in good faith to effectuate prompt, fair and equitable settlements of claims in which liability has become reasonably clear as required by W. Va. Code §33-11-4(9)(f) and 114-14-6.4 & 6.10
- Is the denial based upon specific policy provisions or exclusions, if so is the reason included in the denial as required by W. Va. Code § 114-14-6.5?
- Is the claimant provided with a reasonable basis for the denial when required by statute or regulation as required by W. Va. Code § 33-11-4(9) (n)?
- Does the Company provide the claimant not represented by an attorney a written notice that the claimant's rights may be affected by a statute of limitations to third-party claimants not less than sixty (60) days before the time limit expires as required by W. Va. Code § 114-14-6.12?
- Does the company refrain from recommending that a third-party claimant make claim under their own policies to avoid paying claims under an insurer's insurance policy or insurance contract as required by W. Va. Code § 114-14-6.13?
- Is the claimant given the option of contacting the Commissioner's Office and provided with its mailing address, telephone number, and web site address as required by W. Va. Code R. § 114-14-6.17?

G10. CLAIMS: Cancelled checks and drafts reflect appropriate claim handling practices. Payments are handled correctly. (NAIC Market Regulation Handbook Chapter 16, § G Standard 10)

- Do the checks include the correct payee and are they for the correct amount?
- Do payment checks indicate the payment is "final" when such is not the case?
- Do checks or drafts purport to release the insurer from total liability when such is not the case?

COMPLIANCE TABLE

<u>Review Section</u>	<u># Pass</u>	<u># Fail</u>	<u>N/A</u>	<u>Minimum Standard Compliance %</u>	<u>Compliance Result %</u>	<u>Examination Result</u>		
						Compliant	Predominantly Compliant	Non- Compliant
G1	43	0	26	93	100	x		
G2	36	7	26	93	84			x
G3	42	1	26	93	98		x	
G4	42	1	26	93	98		x	
G5	43	0	26	93	100	x		
G6	43	0	26	93	100	x		
G9	39	4	26	93	91			x
G10	43	0	26	93	100	x		

OBSERVATIONS

G1 – All claim files reviewed indicated the claimant was contacted within 15 working days from the date of the loss notice.

G2 – Seven (7) claims were not sent required notices of necessary delay. Notices of necessary delay are required when the investigation continues more than 30 calendar days and if the investigation continued, subsequent notices of necessary delay are to be sent every 45 calendar days as required by W. Va. Code R. § 114-14-6.7

G3 – One (1) denied claim the Company did not send a denial within ten (10) working days of completing its investigation as required by W. Va. Code R. § 114-14-6.3.

G4 - The Company failed in one (1) claim to reply to a communication within fifteen (15) working days to pertinent communications from a claimant which reasonably suggests that a response is needed as required by W. Va. Code § 33-11-4(9)(b) and W. Va. Code R. § 114-14-5.3 In this case a demand letter was received on 10/06/2015 and there was no response from the Company until another demand letter was received on or about 2/22/2016 and the Company replied by phone on 4/11/2016.

G5 – Claim files were adequately documented.

G6 - The Company complied with policy provisions applicable statutes, rules and regulations under this standard.

G9 – On four (4) claims that required a denial letter, the Company failed to give claimants the option of contacting the Commissioner's Office, and did not provide claimants with its mailing address, telephone number, and web site address as required by W. Va. Code R. § 114-14-6.17

RECOMMENDATIONS

G2 – The Company should ensure that all claim investigations continuing more than 30 calendar days are sent notices of necessary delay as required by W. Va. Code R. § 114-14-6.7.

G3 – The Company should ensure that either a denial or a written offer is made on a claim within ten (10) working days of completing its investigation as required by W. Va. Code R. § 114-14-6.3.

G4 - The Company should ensure that they reply within fifteen (15) working days to pertinent communications from a claimant which reasonably suggests that a response is needed as required by W. Va. Code § 33-11-4(9)(b) and W. Va. Code R. § 114-14-5.3

G9 – The Company should ensure that claimants are given the option of contacting the Commissioner's Office, providing claimants with its mailing address, telephone number, and web site address as required by W. Va. Code R. § 114-14-6.17.

G9- The Company should ensure that all claims are properly ruled upon in accordance with W. Va. Code §33-6-31

EXAMINER'S SIGNATURE AND ACKNOWLEDGEMENT

The examiner would like to acknowledge the cooperation and assistance extended by the Company during the examination.

In addition to the undersigned, Barbara Hudson CIE, CWCP, MCM, PAHM also participated in the examination.



John Stike, CIE, CPCU, AMCM, CWCP, CIPA, APA, AU, AFI
Examiner-in-Charge

EXAMINER'S AFFIDAVIT AS TO STANDARDS AND PROCEDURES USED IN
EXAMINATION

State of West Virginia

County of Kanawha

I, John Stike, being duly sworn, states as follows:

1. I have the authority to represent West Virginia in the examination of Gateway Insurance Company.
2. I have reviewed the examination work papers and examination report, and the examination of Gateway Insurance Company was performed in a manner consistent with the standards and procedures required by West Virginia.

The affiant says nothing further.


John Stike, CIE, CPCU, AMCM, CWCP, CIPA, APA, AU, AFI

Subscribed and sworn before me by John Stike January 30, 2019


Notary Public

My commission expires: 10-11-2019

